

Applicant's Signature

APPLICATION TO AMEND REAL ESTATE LICENSE: REINSTATE EXPIRED LICENSE

RETURN TO: Division of Real Estate 1560 Broadway, Suite 925 Denver, CO 80202 Phone: 303-894-2166 **RENEWAL FEES:**

For licenses expired 32 days to 1 year \$248.00

For licenses expired more than 1 year but less than 3 years \$330.00

An additional \$50 is required if requesting active status

Make check payable to C.R.E.C. or Colorado Real Estate Commission (Fees are non-refundable)

SECTION 1: AFFIDAVIT OF ELIGIBILITY

Colorado law requires that only persons lawfully present in the United States be issued a license, certificate, registration or permit. Complete documentation must be provided upon request. (Applicants must complete all 3 parts)

must be provided aport request. (Applicants must complete all 5 parts)	
A: LAWFUL PRESENCE IN THE UNITED STATES , swear or affirm under penalty of pe	rjury
print applicant's full name the laws of the State of Colorado that (<i>Check Items 1, 2 or 3</i>) ☐ I am a US citizen. ☐ I am not a US citizen but am lawfully present in the US as evidenced the statement marked below:	•
I am a nonimmigrant under the Immigration and Nationality Act, Federal Public Law 892-414, as a I am an alien who is paroled into the US under 8 USC sec 1182(d)(5).	
B: SECURE AND VERIFIABLE DOCUMENT e review the following list of acceptable secure and verifiable documents and check the applicable box.	
te-issued permanent or temporary Driver's License, Driver's Permit or Identification Card expired less than 1 y id foreign passport with Form I-94 or valid Processed Form 1551 stamps id Form I-94 (L1 or R1 status) issued by the Canadian government and valid Canadian Driver's License or entification Card	ear
id 1551 Resident Alien/Permanent Resident Card. id 1688 Temporary Resident Card, 1688B and 1766 Employment Authorization Card. id US Military ID (active duty, dependent, retired, reserve and National Guard) oal Identification Card with intact photo issued by US or Canada. tificate of Naturalization with intact photo.	
e complete the following 3 questions about the document checked above:	
er the name of the state or federal agency that issued this document	
er the document number	
er the document expiration date	
C: ATTESTATION understand that this sworn statement is required by law because I have applied for a professional or commercine cense regulated by 8 USC sec 1621. I understand that state law requires me to provide proof that I am lawfully the US when asked and to submit a secure and verifiable document. I understand that I may also be required revide proof of lawful presence. understand that in accordance with sections §18-8-503 and §18-8-501(2)(a)(I), C.R.S., false statements made repunishable by law. I state under penalty of perjury in the second degree, as defined in §18-8-503, C.R.S., the cover statements are true and correct. I am the person identified above. The information contained herein is true and correct to the best of my knowled inderstand that under Colorado law, providing false information is grounds for denial, suspension or revocation cense, certificate, registration or permit. Understand that the above information must be disclosed to the Department of Regulatory Agencies upon required requirements.	present to herein at the ge. I of a
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SECTION 2: LICENSEE INFORMATION

Subject to verification of compliance with errors and omissions (E&O) insurance requirements, this application will become effective within approximately five to 15 days of receipt of the properly completed form and fee by the Colorado Division of Real Estate.

TO BE COMPLETED BY APPLYING LICENSEE

Real Estate License No	License Expiration Da Independent Broker Ing Broker must complete the section bel Ingering Broker must complete the section belonging by the section belo	□ Employing Brow the dotted line.) (State) submitted.) (State) se check here □ in (State) State)	(Zip Code) (Zip Code) (Zip Code) (Zip Code)
(If Associate Broker is checked, applicant's Employ.) Date of Birth/ Place of Birth Social Security No/_ (Required by Residence Address	(City) Business Phone () (City) Business Phone () (City) (City) Business Phone () (City) Commail address	(State) (State) (State) (State) (State) (State) (State)	(Zip Code) if that is your only (Zip Code) (Zip Code)
Residence Address	(City) f a physical street address, but please Business Phone () mail address (City) C.R.S. and Rule D-14. Licensees can mean ge. If the Commission cannot verify E&O	(State) se check here ☐ in (State) State)	(Zip Code) (Zip Code) (Zip Code) (Zip Code)
Residence Address	(City) f a physical street address, but please Business Phone () mail address (City) C.R.S. and Rule D-14. Licensees can mean ge. If the Commission cannot verify E&O	(State) se check here ☐ in (State) State)	(Zip Code) (Zip Code) (Zip Code) (Zip Code)
Mailing Address (<i>P.O. Box number is not acceptable in place of option to receive mail.</i>) Residence Phone () (P.O. Box Number) (City) Residence Phone () E- Firm Name Firm Address (Number & Street) Every active licensee must maintain E&O insurance pursuant to 12-61-103.6 C Estate Commission's group coverage plan or by obtaining independent coverage please check the appropriate box below: I am insured with Rice Insurance Services Company, L.L.C., the Commission (Enrollment forms for group coverage are available from PSI (1-800-733-92)	Business Phone () mail address (City) CR.S. and Rule D-14. Licensees can meege. If the Commission cannot verify E&O	State)	(Zip Code) (Zip Code)
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website, www.dora.state.co.us/real-estate). □ I am insured with providing E&O insurance coverage and have included Commission Form RI Coverage, with this application (unless such certification was previously sub	267), Rice Insurance (1-800-637-7319) ar EC-E&O 01/05, Certification of Colorado	nd on the Division's an independent insu Real Estate Errors ar	this form.
Please issue my license as indicated. I declare under penalty of perjury that continuing education requirements of §12-61-110.5(1)(c) and have complied Rule D-14.			
Applicant's Signature	Da	te/	
(If left blank, license will Please complete this section to indicate employment associate broker, your employing broker MU	CENSE ACTIVATION (a) I be reinstated on inactive status, tinformation for active status. IST sign on the "Employing B	addt'l \$50 fe	ee required) activation as ar
Employing Broker Name (Please Print)(Last)	(First)	(Mido	dle)
Firm Name	(Entity ID #)		
Firm Address	(0)()	01.11	(7: 0 1)
(Number & Street) Business Phone ()	(City) Real Estate License No	State)	
Social Security No// (Required by I am currently an active, licensed employing real estate broker by whom the current E&O insurance. (NOTE: A policy of E&O insurance coverage is required to suppose the company is a corporation, partnership or L.L.C.) I certify that, pursuant to suppose the policy and will properly supervise this employee during the period of employee.	e applicant is to be employed. I have veri uired for the employing broker as well as cules E-29, E-30, E-31 and E-32, I have i	fied that the above-na a separate policy for	r the company if the
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Forms, applications and information about any licensee's status are available on the Division of Real Estate's internet home page: www.dora.state.co.us/real-estate